

INTERNATIONAL TOURNAMENT PAPER WORK REVIEW 2025



Pete Kline
District Administrator
PA District 14 Little League
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<https://clubs.bluesombrero.com/pad14ll>
717-887-6373

Tournament Eligibility Affidavit

- League President is responsible for reviewing and certifying birth records (league age) and residency/school attendance documents for all players.
- Tournament team to have in its possession: AFFIDAVIT BINDER consisting of:
 1. **Affidavit:** Completed, Reviewed and Signed by DA
 2. **Boundary Map:** Electronic map signed and dated by the League President and District Administrator showing the actual boundaries of the league with locations noted for residences of the parent or legal guardian (court-appointed) of each player or the location of the school for every participant named on the affidavit
 3. **Team Waivers** if applicable: [Less than 12 player approval letter, President or Player Agent coach approval letter, Manager/Coach waiver]
 4. **LL Diamond Leadership Certificate:** **NEW 2023** for each rostered Mgr/Coach – Req'd for Temporary Rplmt coaches
- For each rostered player:
 1. **Tournament player verification form TPVF:** for each player; *NOTE: Players who established “residence” or “school attendance” for regular season and/or tournament in a prior season using Tournament Player Verification Form, and can produce the form with proper supporting documentation and signatures, will NOT need to complete a new Player Verification Form – NEEDS supporting document from TPVF original year*
 - **Proof Of Residency:** Three or more documents to determine residency of the parent(s) or legal guardian (court appointed)

OR

 - **School Enrollment Form:** a document to support school attendance/enrollment for each player named on the tournament affidavit;
 2. **Waivers** [i.e. II(d), IV (h), Charter Committee] if applicable.
 3. **Medical Release Form**
 4. **Model Release Form** – live streaming / Social Media photo release (Section 7 Waiver Release form)

Tournament Eligibility Affidavit

- Player or Manager/Coach alternates are not authorized. They shall not accompany the team and shall not be listed on the affidavit.
- Affidavit must be certified by the District Administrator or his/her designated appointee. (JUNE 8th Affidavit Review Meeting)
- Teams must have twelve (12) eligible players for the District Administrator to certify. **EXCEPTION:** District Administrator may certify the Eligibility Affidavit for those teams that provide a justifiable reason for not having twelve (12) players.
- Affidavit becomes official once the team plays its first tournament game.

League Eligibility

- The league must have scheduled and played, at a minimum, 12 games (SR division – 0 games) prior to the start of tournament.
- The league must have chartered a team in age appropriate division no later than **June 1**.
- All waivers requested (for the league, team, player, manager and/or coach) of any kind must be submitted and approved not later than **June 1**.
- Team number revisions and fees incurred by the league must be paid in full by **June 1**.
- All combined team and interleague play requests that may involve tournament must be submitted and approved not later than **June 1**.
- *Failure to meet any of the above requirements could result in a team or teams being declared ineligible by the Tournament Committee at Little League International.*

Player Eligibility

- Players must meet the criteria established by the Little League “Residency and School Eligibility Requirement”
- Players must have participated in a minimum of 8 (Sr Division 0) regular season games.
- *Failure to meet any of the above requirements could result in a team or teams being declared ineligible by the Tournament Committee at Little League International.*

TOURNAMENT AFFIDAVIT

League President's Phone Numbers

Day

Mobile/Home

Little League Baseball® Tournament Team Eligibility Affidavit

Please type or print all information

Year: _____

League ID Number(s)

If playing in combination, enter all numbers

Name of League _____ City _____ State/ Province _____ Country _____

BASEBALL	Levels of Play (check one)	<input type="checkbox"/> 8-10-Year-Old	<input type="checkbox"/> 9-11-Year-Old	<input type="checkbox"/> Little League®
		<input type="checkbox"/> Intermediate (50/70)	<input type="checkbox"/> Junior League	<input type="checkbox"/> Senior League

Completed On-line via the LL Data Center

TOURNAMENT AFFIDAVIT

You Will Need:

- ✓ Regular Season Team names and number of regular season games played
- ✓ Manager & Coaches names, email & phone number
- ✓ Players Names
- ✓ Players DOB
- ✓ Number of Regular season games played by each player
- ✓ Players School Building Addresses

OR

- ✓ Players Residency Address

With this information in hand the data center will step you through the process

New Features w/ Affidavit

- How do I handle Sibling Eligibility?
 - Within Sports Connect via admin
 - From the player bio link the siblings (new feature w/in SC)
- When filling out the affidavit
 - New this year are player data options
 - Player Selection – select from dropdown (pulls data from SC to Affidavit)
 - Player Entry
 - Player Selection: begin typing and a drop down of player selection is avail
 - Selecting a player automatically populates the players data (DOB/address etc)
 - If the player is not eligible it will not permit you to use dropdown – must use player entry (lid or Charter Committee waivers)
 - If Siblings were linked in SC it will automatically make the older sibling eligible
 - Must use dropdown for Siblings – cannot use player entry or the player will not be eligible
 - Will NOT show on the map but the name will be listed on the bottom portion of the map as Sibling Eligibility
 - Will list Sibling Eligibility on TPV form

PLAYER INFORMATION

Player Name		Team Code	League Age	District Staff Verification
Address of Parent or Legal Guardian or Address of School		<i>Games played by start of Tournament by this player</i>	Type of Waiver	
Birthdate (MM/DD/YY)	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ex.	John Smith	Team Code	12	Initials
	539 US Highway 15 Williamsport, PA 17701	2		<i>I.N.T.</i>
		Games Played	<input type="checkbox"/> Reg II(d) <input type="checkbox"/> Sibling Participation <input type="checkbox"/> Charter Committee	Date App.
	01/01/2013	15		06/15/2025
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			

1.	Borst, Brady	Team Code	10	Initials
	3457 Sticks Road Glen Rock, PA 17327	E		
	11/20/2014	Games Played	<input type="checkbox"/> Reg II(d) <input type="checkbox"/> Sibling Participation <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13		
2.	Carpenter, Brody	Team Code	10	Initials
	3457 Sticks Road Glen Rock, PA 17327	C		
	05/27/2015	Games Played	<input type="checkbox"/> Reg II(d) <input type="checkbox"/> Sibling Participation <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13		
3.	Daughton, Blake	Team Code	10	Initials
	331 S Main St Shrewsbury , PA 17361	A		
	07/15/2015	Games Played	<input type="checkbox"/> Reg II(d) <input type="checkbox"/> Sibling Participation <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13		
4.	Heilman, Charlie	Team Code	10	Initials
	3280 Fissels Church Road Glen Rock, PA 17327	E		
	01/29/2015	Games Played	<input type="checkbox"/> Reg II(d) <input type="checkbox"/> Sibling Participation <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13		

Player Name		Team Code	League Age	District Admin. Approval
Address of Parent or Legal Guardian or Address of School		Games played by start of Tournament by this player	Type of Waiver	
Birthdate (MM/DD/YY)	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ex. John Smith		Team Code	12	Initials
539 US Highway 15 Williamsport, PA 17701		z		I.N.T.
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
01/01/2005	Residence or School Inside Map? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15		06/15/2017

1.	Player Name	Team Code	League Age	Initials
Address Used to Prove Eligibility: -Residence if using Proof of Residence for eligibility OR -School Building Address if using School enrollment		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
Date of Birth	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Player		
2.		Team Code	If applicable	Initials
		Games Played	<input type="checkbox"/> Reg II (d) <input type="checkbox"/> Reg IV (h) <input type="checkbox"/> Charter Committee	Date App.
	Residence or School Inside Map? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verify >8		
3.		Team Code		Initials

FOR
DISTRICT
APPROVAL

TOURNAMENT AFFIDAVIT

Print out :

- ✓ Completed Affidavit
 - ✓ Includes TPV forms for all listed players
 - ✓ If using previous year TPV discard printout for player
 - ✓ If it is a 1st year TPV use this form – Hand written TPV's are not acceptable
- ✓ Boundary Map

TOURNAMENT

GET SIGNMA

DO NOT SIGN HERE

- ✓ Managers Signature
- ✓ League President Signature
- ✓ Player Agent Signature

DO NOT SIGN HERE

CERTIFICATION BY TEAM MANAGER

By my signature below, I certify that all the information contained on this Affidavit is true and correct, to the best of my knowledge. I have read and understand: 1) all of the Little League Rules and Regulations pertaining to eligibility; 2) I am solely responsible for the eligibility of pitchers and players on my team; 3) if an ineligible pitcher or player participates in a game for any reason, it may result in forfeiture, and/or removal of participants, including players, manager and coaches, or the entire team named herein, from the International Tournament, or any other disciplinary action deemed appropriate by the Tournament Committee in Williamsport; 4) I may lodge a protest in accordance with the Tournament Rules and Guidelines, and that my team is not required to continue playing until such protest has been resolved, (A) to my satisfaction, or, (B) by the Tournament Committee in Williamsport, Pennsylvania, the decision of which shall be final and binding; 5) I am solely responsible for the behavior of my team, the supporters, and fans; 6) If I, my coaching staff, or members of my team display unsportsmanlike conduct on or off the field, "make a travesty of the game," or repeatedly/willfully violate any Little League Rules, Regulations, or policies during a game, at the game site, at any event related to the International Tournament in a manner, or through any digital communication, the Tournament Committee reserves the right in its sole discretion to discipline the team and/or impose penalties outlined in the Tournament Rules "Responsibility and Chain of Command," and the Tournament Committee's decisions will be final and binding; and 7) that I must maintain and be in possession of all required Tournament Player Verification Forms with Eligibility Documentation, Boundary Map, and Affidavit with pitching records throughout all levels of play. I further certify that I am fully eligible to be the manager of this tournament team, and the coaches named on this Affidavit are also eligible in accordance with Little League Rules and Regulations.

Signature of Manager Bob Wire Date Signed 6.15.2019

Signature of Replacement Manager _____ Date Signed _____

(Note: Temporary replacements should not sign.)

CERTIFICATION BY LEAGUE PRESIDENT AND LEAGUE PLAYER AGENT

We, (League President, please print) _____,

and (Player Agent, please print) _____,

have personally reviewed this Affidavit, as well as all Tournament Player Verification forms with supporting Eligibility Documentation (birth records, proof of residence or school attendance as defined by Little League Baseball®, Incorporated, and proof of participation), and Boundary Map regarding the tournament team herein. We have read and understand all rules and regulations pertaining to the eligibility of all individuals named on this Affidavit. By our signatures below, we certify that the names, dates of birth, and residences/school enrollment (as defined by Little League Baseball, Incorporated) of the persons listed on this Affidavit and the league boundaries as set forth on the Boundary Map are true and correct, and have been substantiated by legal documentation that is acceptable under Little League® Rules, Regulations, and guidelines. I certify that the manager, coaches, and all players on this Affidavit are fully eligible under all Little League® rules and regulations. Should a controversy arise, we agree to accept the decision of the Charter Committee/Tournament Committee as final and binding.

Signature of League President John Smith Date Signed 6.15.2019

Signature of Player Agent Mary Jones Date Signed 6.15.2019

CERTIFICATIONS BY DISTRICT ADMINISTRATOR AND ENSUING TOURNAMENT DIRECTORS

By my signature below (or that of my authorized representative), I certify that the names, eligibility (as defined by Little League Baseball, Incorporated), and dates of birth of the persons listed on this affidavit are true and correct, and have been substantiated by legal documentation that is acceptable under Little League standards, or statement in lieu thereof from Little League International Headquarters.

Signature of District Administrator _____ Date Signed _____

* District Officials are verifying that they have reviewed the documents accompanying this Affidavit and they appear to meet Little League standards for tournament participation.

Signature of Sectional Tournament Director _____ Date Signed _____

Signature of State Tournament Director _____ Date Signed _____

Signature of Divisional Tournament Director _____ Date Signed _____

Signature of Regional Tournament Director _____ Date Signed _____

Signature of World Series Tournament Director _____ Date Signed _____

* Tournament Directors are verifying that they have reviewed the documents accompanying this Affidavit and they appear to meet Little League standards for tournament participation.

TOURNAMENT AFFIDAVIT Boundary Map:

- The boundary map prints out w/ each player located and a list of player names and addresses
- Indicates School or Home
- Indicates if IN or OUT of boundary
- If out of Boundary – the type of Waiver is Listed: THE ASSOCIATED WAIVER PAPERWORK MUST BE INCLUDED
- Requires League Presidents Signature

5/16/2021 Tournament Affidavit - Print Player Map | Little League® Data Center

Affidavit ID# 2021-121-28833 DILLSBURG LL (#76044)

Player Map ID# 116588342 Little League Baseball® - 8 to 10 Year Old Tournament

#	Player	Address	Type	In/Out	Waiver
1	Arms, Harry DILLSBURG LL (#76044)	Northern Elementary 657 S Baltimore St. Dillsburg, PA 17019 ▲ Approximate Address Match	School	In	
2	Doe, John DILLSBURG LL (#76044)	Northern Elementary 657 S Baltimore St. Dillsburg, PA 17019 ▲ Approximate Address Match	School	In	
3	Smith, Jamie DILLSBURG LL (#76044)	22 Franklin St Dillsburg, PA 17019	Home	In	
4	Welsh, Mike DILLSBURG LL (#76044)	1701 Innovation Drive York, PA 17408	Home	Out	II(d) Waiver

Addresses are plotted on the map using latitude/longitude coordinates from Google Maps. Any address(es) designated "Approximate Address Match" are plotted at an approximate location based on a partial address match. Additional verification is recommended for these addresses to ensure that these players meet eligibility requirements.

5/16/2021

Tournament Affidavit - Print Player Map | Little League® Data Center

League President Signature

John Smith

Date Signed

6.15.2022

District Administrator Signature

Date Signed

Affidavit ID# 2021-121-28833

Player Map ID# 116588342

TOURNAMENT PLAYER VERIFICATION FORM (TPV form)

- TPV form is used to document a players eligibility and once completed and approved by District it is good for the duration of the players career (with a few exceptions)
- If a player has a previously approved TPV form the paperwork process is simplified for subsequent years
- TPV form for each player will automatically print out along with the Affidavit from the Data Center (if using a previous year's TPV form this can be discarded)
- If 1st time TPV use the printed form.....handwritten copies are no longer acceptable



LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested _____ (check one) ☐ BASEBALL ☐ SOFTBALL

League Name _____ League ID# _____

PLAYER INFORMATION AND DOCUMENTATION

Player Name _____ Date of Birth _____
(must be name as shown on the birth documentation)

TYPE OF AGE PROOF: (CHOOSE ONE)

☐ Board of Health/Registrar of Vital Statistics ☐ Federal/Military ☐ In-Lieu Statement (necessary document from all four groups)

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City _____ State _____ Zip _____

GROUP 1: (CHOOSE ONE)

☐ Driver's License ☐ Social Security Card ☐ School Records ☐ Vehicle Records (i.e., registration, license, etc.) ☐ Employment Records ☐ Insurance Documents

GROUP 2: (CHOOSE ONE)

☐ Federal Records (i.e., Federal Tax, Social Security, etc.) ☐ State Records ☐ Local (Municipal) Records ☐ Support Payment Records ☐ Homeowner/Tenant Records ☐ Military Records

GROUP 3: (CHOOSE ONE)

☐ Utility Bills (i.e., gas, electric, water, phone, mobile phone, heating, waste disposal) ☐ Financial Records (i.e., loan, credit, investments, etc.) ☐ Medical Records ☐ Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

☐ Official/Certified school enrollment record dated prior to October 1 of current academic year

☐ A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address _____ City _____ State _____ Zip _____

Existing Waiver (if applicable): ☐ II(d) Waiver ☐ IV(h) Waiver ☐ Charter Committee Waiver

All residency documentation must be attached to this form

VERIFICATION

Parent or Legal Guardian Agreement: By my signature below, I certify that all the information provided for this Tournament Player Verification is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was belated, misrepresented or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball®, Incorporated.

Name (Printed) of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
League President's Verification: I have reviewed and verified that the information presented here is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was belated, misrepresented or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball®, Incorporated.		
Name (Printed) of League President	Signature of League President	Date
District Administrator's Review: I have reviewed the residency documentation and players' original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.		
Name (Print) of District Administrator	Signature of District Administrator	Date

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.

Last Updated: 12/20/2016

Player Information

Proof of Age (BC)

Proof of Residency

OR

School Enrollment

Applicable Waivers

Signatures

TPV: Player Info

LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION

Date Requested	<u>05/16/2021</u>	(check one) <input checked="" type="checkbox"/> BASEBALL	<input type="checkbox"/> SOFTBALL
League Name	<u>DILLSBURG LL</u>	League ID#	<u>78044</u>
PLAYER INFORMATION AND DOCUMENTATION			
Player Name	<u>Arms, Harry</u>	Date of Birth	<u>04/08/2012</u>
<small>(must be name as shown on the birth documentation)</small>			

- This portion will automatically print out from the Data Center along with the affidavit
- Confirm DOB matches Birth Documentation
- Confirm: Name is as it appears on birth documentation

TPV: Proof of Age

TYPE OF AGE PROOF: (CHOOSE ONE)

☒ Board of Health/Registrar of Vital Statistics ☐ Federal/Military ☐ In-Lieu Statement (necessary document from all four groups)

- Check the appropriate box **by hand**
- Most Common is Birth Certificate = Board of Health/Registrar of Vital Statistics



MUST BE ORIGINAL

TPV: Residency **OR** School Eligibility

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address _____ City _____ State _____ Zip _____

GROUP ONE

- ☐ Driver's License
- ☐ School Records
- ☐ Vehicle Records (i.e., registration, lease, etc.)
- ☐ Employment Records
- ☐ Insurance Documents

GROUP TWO

- ☐ Welfare/Child Care Records
- ☐ Federal Records (i.e., Federal Tax, Social Security, etc.)
- ☐ State Records
- ☐ Local (Municipal) Records
- ☐ Support Payment Records
- ☐ Homeowner/Tenant Records
- ☐ Military Records

GROUP THREE

- ☐ Voter's Registration
- ☐ Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- ☐ Financial Records (i.e., loan, credit, investments, etc.)
- ☐ Medical Records
- ☐ Internet, Cable, or Satellite Records

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- ☐ Official/Certified school enrollment record dated prior to October 1 of current academic year
- ☐ A Little League issued school attendance form completed by the school administrator, principal, or vice principal

- This portion must be filled out by hand

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

• Proof of Residency:

One Document from each of the three categories **REQUIRED**

GROUP ONE

1. Driver's License
2. School records
3. Vehicle records (i.e., registration, lease, etc.)
4. Employment records
5. Insurance documents

**MUST BE DATED OR IN
FORCE BETWEEN
FEB 1, 2024 (previous year)
&
FEB 1, 2025 (current year)**

GROUP TWO

1. Welfare/child care records
2. Federal records (Federal Tax, Social Security, etc.)
3. State records
4. Local (municipal) records
5. Support payment records
6. Homeowner or tenant records
7. Military records

GROUP THREE

1. Voter's Registration
2. Utility bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
3. Financial records (i.e. loan, credit, investments, etc.)
4. Medical records
5. Internet, cable, or satellite records

Details in front of rulebook
Also avail in PDF on LL website
"Type Proof of Residency" in
Search bar

A single document may satisfy 2 categories but may only be used to meet a single requirement:
eg: municipality billed water, sewer or waste disposal




RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

• Proof of Residency:

• Relatively Simple:

GROUP ONE

1. Driver's License 
2. School records
3. Vehicle records (i.e., registration, lease, etc.) 
4. Employment records
5. Insurance documents 

GROUP TWO

1. Welfare/child care records
2. Federal records (Federal Tax, Social Security, etc.)
3. State records
4. Local (municipal) records
5. Support payment records
6. Homeowner or tenant records
7. Military records

GROUP THREE

1. Voter's Registration 
2. Utility bills (i.e., gas, electric, water/ sewer, phone, mobile phone, heating, waste disposal) 
3. Financial records (i.e. loan, credit, investments, etc.)
4. Medical records
5. Internet, cable, or satellite records 

• A bit more challenging : Examples

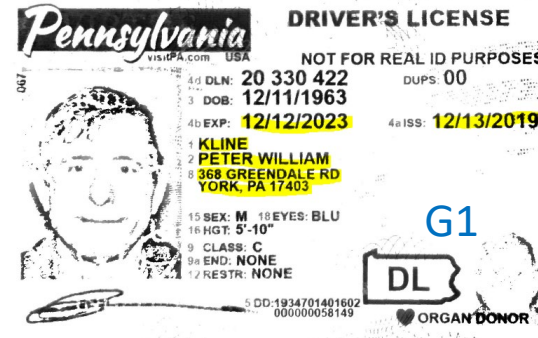
- Top portion of Federal Tax Return – redact SSN
- PA state Fishing License
- Municipally billed water, sewer, trash (do not use as above group 3 utility bill)
- Mortgage or Lease documents
- Firearm Carry Permit

RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

ADDRESS OF PARENT OR LEGAL GUARDIAN

Proof of Residency:

- For ALL POR's
 - Highlight:
 - *DATES
 - *Parent NAME
 - *ADDRESS
 - Indicate Group
- -If possible copy all three POR on one sheet



Form 1040 Department of the Treasury—Internal Revenue Service (00) **2020** OMB No. 1545-0047 IRS Use Only—1

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the person is a child but not your dependent ▶

Your first name and middle initial Peter W	Last name Kline
If joint return, spouse's first name and middle initial Peter W	
Last name Kline	
Home address (number and street). If you have a P.O. box, see instructions. 368 Greendale Rd	
Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. York	State PA
ZIP code 174034606	
Foreign country name	Foreign province/state/country
Foreign postal code	

York County, Pennsylvania
Certificate of Voter Registration

KLINE, PETER W. Voter ID: 011985323-67
368 GREENDALE RD REPUBLICAN
YORK, PA 17403 Enrollment Date: 1/1/1988
Municipality: SPRING GARDEN TOWNSHIP
Ward: SPRING GARDEN - 3RD WARD
Precinct: SPRING GARDEN - 3RD DISTRICT

Signature or Mark of Elector

TPV: School Enrollment Proof

- OR -

SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

☐ Official/Certified school enrollment record dated prior to October 1 of current academic year

☒ A Little League issued school attendance form completed by the school administrator, principal, or vice principal

SCHOOL ADDRESS

Street Address 857 S Baltimore St. City Dillsburg State PA Zip 17019

Existing Waiver (if applicable): ☐ II(d) Waiver ☐ IV(h) Waiver ☐ Charter Committee Waiver

.....
All residency/school attendance documentation must be attached to this form

REPORT CARDS ARE NOT VALID

MUCH SIMPLER THAN POR

Check the appropriate box by hand



Little League® Baseball and Softball School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required **ONCE** during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: _____

League Name: _____

League ID#: _____

Player/Student Name: _____

Date of Birth: _____

Division: (Check One)	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball	Level: (Check One)	<input type="checkbox"/> Tee Ball <input type="checkbox"/> Minors	<input type="checkbox"/> LL (Majors) <input type="checkbox"/> Intermediate	<input type="checkbox"/> Junior <input type="checkbox"/> Senior
---------------------------------	--	------------------------------	--	---	--

Parent/Guardian Address: _____
(Street) (City/State) (Zip)

(Print Name of Parent/Legal Guardian) *Parent Signature* (Signature of Parent/Legal Guardian) (Date)

To be filled out by School Administrator, Principal, or Vice Principal

I, _____ of _____ School, located at
(Print Name) (Print School Name)

_____, hereby verify that
(Physical Address) (School Phone Number)

_____, has enrolled and is attending the above named school for the _____
(Print Student Name) (Year)

academic year **prior to October 1st, of the current academic year.**

This student has been enrolled as of _____
(Date)

Date must be prior to October 1st 2023

School Administrator Signature Title
(Signature) (Date) Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

School Enrollment Form



Little League® Baseball and Softball School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

- Maintain in League Files
- Required only ONCE during players career
- UNLESS ENROLLMENT CHANGES
 - If they change school buildings then a new School Enrollment form and new TPV is required – be sure to include the original signed TPV form (a II(d) Waiver is no longer permitted)

OR

One School Enrollment Form

Pennsylvania
usaPA.com USA

DRIVER'S LICENSE
NOT FOR REAL ID PURPOSES

DOB: 12/11/1963
EXP: 12/12/2023
SEX: M EYES: BLU
HGT: 5'-10"
CLASS: C
END: NONE
REST: NONE

DL

ORGAN DONOR

1040 Department of the Treasury—Internal Revenue Service (99) 2020 OMB No. 1545-0074 IRS Use Only—

U.S. Individual Income Tax Return

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the person is a child but not your dependent ▶

Your first name and middle initial: Peter W Last name: Kline
If joint return, spouse's first name and middle initial: Last name: G2

Home address (number and street). If you have a P.O. box, see instructions.
368 Greendale Rd Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
York, Pa ZIP code: 174034606
Foreign country name Foreign province/state/country Foreign postal code

York County, Pennsylvania
Certificate of Voter Registration

KLINE, PETER W.
368 GREENDALE RD
YORK, PA 17403

Municipality: SPRING GARDEN TOWNSHIP
Ward: SPRING GARDEN - 3RD WARD
Precinct: SPRING GARDEN - 3RD DISTRICT

Voter ID: 011985323-67
REPUBLICAN
Enrollment Date: 1/1/1988

G3

Signature or Mark of Elector




Little League® Baseball and Softball
School Enrollment Form


The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

Date: _____

League Name: _____ League ID#: _____

Player/Student Name: _____ Date of Birth: _____

Division: ☐ Baseball **Level:** ☐ Tee Ball ☐ LL (Majors) ☐ Junior
 (Check One) ☐ Softball (Check One) ☐ Minors ☐ Intermediate ☐ Senior

Parent/Guardian Address: _____
(Street) (City/State) (Zip)

 (Print Name of Parent/Legal Guardian) (Signature of Parent/Legal Guardian) (Date)

To be filled out by School Administrator, Principal, or Vice Principal

I, _____ of _____ School, located at _____
(Print Name) (Print School Name)

_____, (Physical Address), _____, (School Phone Number), hereby verify that

_____ has enrolled and is attending the above named school for the _____
(Print Student Name) (Year)

academic year prior to October 1st, of the current academic year.

This student has been enrolled as of _____
(Date)

(Signature)

(Date)

Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

TPV: Waiver Section – if applicable

- OR -

PLAYER QUALIFIES VIA REGULATION II:

☐ This player or their sibling was an active participant this season and has been an active participant in this league since league age 7 or younger without a break in service.

Existing Waiver (if applicable): ☐ II(d) Waiver ☐ Charter Committee Waiver

.....
All residency/school attendance documentation must be attached to this form

- Will be automatically checked if noted on the Affidavit
- II (d) Waivers
- Charter Committee Waivers
- All Residency Documentation & Applicable Waiver Documentation must remain attached to the Tournament Player Verification Form

TPV: Signature Section

DON'T FORGET SIGNATURES

VERIFICATION

Parent or Legal Guardian Agreement: By my signature below, I certify that all the information provided for this Tournament Player Verification is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence/school attendance eligibility now shows that the previously submitted information/documentation was falsified, misrepresented, or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

PARENT SIGNATURE

Name (Printed) of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

League President's Verification: I have reviewed and verified that the information presented here is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence/school attendance eligibility now shows that the previously submitted information/documentation was falsified, misrepresented, or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials, and/or the league which could result in suspensions and/or terminations with Little League Baseball, Incorporated.

Bradley Beck Jr

LEAGUE PRESIDENT SIGNATURE

Name (Printed) of League President

Signature of League President

Date

District Administrator's Review: I have reviewed the eligibility documentation and player's original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.

PETER KLINE

Name (Print) of District Administrator

Signature of District Administrator

Date

II (d) WAIVER

If a player was eligible for participation due to residency or school enrollment in a past year but has moved outside the boundary , has changed school buildings to one outside the boundary , or the league boundary has changed

REQUIRED FOR
REGULAR
SEASON PLAY!



LITTLE LEAGUE® BASEBALL AND SOFTBALL
Report of Players Claimed under
Regulation II(d) or II(a)

Date: _____
League Name: _____ League ID#: _____
League President: _____
(Please Print)

Current Division (Check One)	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball	Level (Check One)	<input type="checkbox"/> Tee Ball <input type="checkbox"/> Minor League	<input type="checkbox"/> Major League <input type="checkbox"/> Intermediate (50/70)	<input type="checkbox"/> Junior League <input type="checkbox"/> Senior League
---------------------------------	--	----------------------	--	--	--

Player's Name: _____
(Please Print)

Player's Date of Birth _____

1. Former Address Within Boundaries: _____
Street City State Zip

2. Former School Location Within Boundary: _____
Street City State Zip

3. Divisions Played and Year: _____

This claim under II(d) is being filed because
☐ The player's address or school location changed
☐ The league's boundaries have changed
☐ The player is a sibling of a player who previously qualified for II(d) or II(a)

Please indicate name of sibling that qualifies this player under Regulation II(d) or II(a) _____
(Please Print)

Verification: League President: _____
Signature Name

District Administrator: _____
Signature Name

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding Regulation II(d) or II(a) now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

The District and the Local League will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career.

Copy Maintained
in league files

Copy Maintained
in District Files

MEDICAL RELEASE FORMS

Complete Medical Release Forms-
Recommend having the
tournament players parents fill
out new forms....typically easier
than trying to gather the forms
from the regulars season
manager

Maintain w/ team Affidavit Binder



Little League Baseball and Softball MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.



Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co.: _____ Policy No.: _____ Group ID#: _____

League Insurance Co.: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

TOURNAMENT AFFIDAVIT

Prepare The Binder:

- ✓ Use a three ring Binder
- ✓ Use clear binder inserts (pocket style work well – simpler to remove and insert pages)
- ✓ Separate the Affidavit Pages from the TPV forms
- ✓ Staple the Affidavit Pages together
- ✓ Order the pages in the binder as below
 - ✓ 1st Insert: Stapled Affidavit Front – Stapled Boundary Map Reverse
 - ✓ 2nd Insert: President/Player Agent or < 12 Player Waiver
 - ✓ 3rd Insert: Manager & Coaches LL DIAMOND LEADERSHIP TRAINING CERTIFICATE
 - ✓ Order the players information in the binder in the same order as on the Affidavit (Alpha by last name)
- ✓ For players with previously reviewed and signed TPV forms
 - ✓ Ensure the supporting document is stapled behind the TPV form
 - ✓ Place in insert w/ TPV Form in front
- ✓ For players with new TPV forms and POR/School Documentation
 - ✓ Place the TPV in the Reverse of the left side sleeve – School enrollment form or 3-POR (on single sheet) & BC in the front of the right side sleeve: Reads like a book w/ TPV on left & Details on Right
- ✓ Medical Release forms for all players in a single insert at the back of the book

FAQ's

- What if my player has a signed Tournament Player Verification from a previous season?
 - As long as the supporting proof of residency documentation (or school enrollment form) from that year is attached it remains valid for future years
 - Note: Neither Original Birth Certificate nor a copy of Birth Certificate is required – NOR SHOULD THEY BE CARRIED WITH THE TEAM BINDER. Original BC's should be returned immediately after the affidavit has been reviewed and signed by the District

FAQ's

- What if my player has a signed Tournament Player Verification from a previous season – BUT his address has changed since then & yet remains within the leagues boundaries?
 - A New Tournament Player Verification Form must be completed accompanied by:
 - three new proof of residency documents meeting the Group 1,2 & 3 requirements
 - OR
 - School Enrollment Form (assuming school is w/in boundary)

FAQ's

- What if my player has a signed Tournament Player Verification from a previous season, using school enrollment – BUT he has changed schools to another building within the leagues boundaries?
 - A New Tournament Player Verification Form must be completed accompanied by:
 - A New School Enrollment Form is required

FAQ's

- What if my player lived inside my leagues boundary and has Tournament Player Verification from a previous season but has moved since then and he now resides OUTSIDE the leagues boundaries?
 - A II(d) waiver must be completed. Requires DA Signature.
 - This is REQUIRED EVEN IF THE PLAYER IS NOT PARTICIPATING IN TOURNAMENT
 - II(d) waiver need only be completed one time and is valid as long as the player maintains contiguous annual participation w/ the league
 - Original Proof of residency or School enrollment must accompany II(d)

FAQ's

- What if my player lived OUTSIDE our boundary, previously used the school enrollment to prove league eligibility and has changed school buildings to one that is OUTSIDE the boundary?
 - A II(d) waiver must be completed
 - This is REQUIRED EVEN IF THE PLAYER IS NOT PARTICIPATING IN TOURNAMENT
 - II(d) waiver need only be completed one time and is valid as long as the player maintains contiguous annual participation w/ the league, and attends that school.
 - Should they again change school buildings another II(d) waiver would be req'd

Additional Resources

- ❑ Little League Website

- ❑ [Tournament Resources – International Tournament Affidavit Video \(8 min\)](#)



QUESTIONS?



Pete Kline

District Administrator

PA District 14 Little League

Pete.kline@pad14LL.org

<https://clubs.bluesombrero.com/pad14ll>

717-887-6373